

FIREFIGHTER/PARAMEDIC

The Town of East Hartford is currently accepting applications for the position of Firefighter/Paramedic.

The East Hartford Fire Department is a busy, full-service organization serving a population of **52,000** residents from five fire stations.

Applicants must be 18 years old and have a HS diploma (or GED). To be eligible to take the written test, you will need a photo identification and must meet the following criteria:

• A State of CT Paramedic license (or National Registry paramedic certification)

OR

 Proof (letter from college) of expected completion of a Paramedic program by December 2015.

AND

 A CPAT certificate received after March 2014 or proof of registration with a licensed CPAT Center.

Please Note:

The East Hartford Fire Department's entry level hiring process includes creation of an eligibility list. This list has an initial certification date and an expiration date. The duration of the list can be 1 to 2 years. To be eligible to receive a conditional offer of employment the candidate must possess the following at the time of offer:

- 1. A CPAT card with a test date not more than one calendar year prior to the date of the offer.
- 2. A valid Connecticut or National Registry Paramedic License.

Application deadline is 4:30 p.m. Friday, February 27, 2015.

The Town of East Hartford is an Equal Opportunity Employer.



TOWN OF EAST HARTFORD

Phone (860) 291-7220

740 Main Street
East Hartford, Connecticut 06108
www.easthartfordct.gov

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

APPLICANT'S NAME (LAST, FIRST,	MIDDLE)					
STREET ADDRESS	CITY/TOWN		STA	TE	ZIP CODE	HOW LONG?
TELEPHONE NUMBER (HOME)	ı	TELEPH	ONE NUMBE	ER		1
		Work (/ork () Cell ()			
POSITION APPLIED FOR:	REFIGHTER/PAR/	AMEDIC	;			
ARE YOU AT LEAST 18 YEARS OLD? YES NO ARE			RE YOU ELIGIBLE TO WORK IN THE UNITED STATES?			
Paramedic License# and Date of Ex	piration:	CPAT EX	PAT EXAM DATE:			
	EDUC	CATION				
Did you graduate from high school	? 🗌 Yes 🗌 No	lf "I	lo", highest	grad	e completed	:
Name of high school:			Do you have a high school equivalency Certificate Yes No			
Address:		Pla	Place HS equivalency was granted:			
List all colleges, business schools or t	echnical schools you atte	nded in ch	ronological o	rder, r	most recent li	isted first:
School	Address		Cours	e/Maj	or	Degree/Certificate
List any licenses or certificates required for the position for which you are applying (e.g., CDL, nursing, engineering), including date of issue, issuing authority, expiration date and license/certificate number.						
List any special courses, training programs or other training that is relevant to the position for which you are applying, including name and location where training was given, certificate received, if any, dates attended, subject of training, number of hours weekly (attach additional sheet if necessary).						
List any office equipment or machinery you can operate that is relevant to the position for which you are applying.						
	☐ NewspaperName of Newspaper:		Community Age Please give name:_			
How did you hear about this job? (Please check one)	☐ Town Employee Name		nar	Interr	net website:	
	Referral Service Please give name:			Othe	r	

02/08

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses, and dates of non-employment in proper sequence. Include all part-time employment.

YOU MUST COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME

IMPORTANT: May we contact your present employer?					
Name of Employer		Job Title			
Address	City		State		Zip Code
Dates of Employment: Name and	d Title of Supervis	sor		Telephone Number	er
From / Description	on of duties, resp	onsibilities, and	l signif	icant accomplishm	ents:
To / year					
Salary:					
Starting \$ per					
Ending \$ per					
# Hrs. Worked Weekly Reason F	or Leaving				
Name of Employer		Job Title			
. ,		Job Title			
Address	City		State		Zip Code
Dates of Employment: Name and	d Title of Supervis	sor		Telephone Number	
month year	on of duties, resp	onsibilities, and	d signif	icant accomplishm	ents:
To / year					
Salary:					
Starting \$ per					
Ending \$ per					
# Hrs. Worked Weekly Reason F	or Leaving				
Name of Employer		Job Title			
Address	City		State	-	Zip Code
	-		State		-
	d Title of Supervis			Telephone Numbe	
month year	on of duties, resp	onsibilities, and	d signif	icant accomplishm	ents:
To / month year					
Salary:					
Starting \$ per					
Ending \$ per					
# Hrs. Worked Weekly Reason F	or Leaving				
Have you ever been discharged from a pl	ace of employmen	nt for cause?	Г	YES] NO
If yes, please describe					



CERTIFICATION (READ CAREFULLY)

I hereby certify that the information I have provided on this application, including any attachments, is true and complete. I understand that if I falsify, omit or misrepresent any information on this application, or during an employment interview, should I be granted one, I may be disqualified from the selection process or discharged from employment, whenever the falsification or omission is discovered.

I understand that all statements made on this application are subject to verification. I authorize all persons or organizations listed on this application, except my current employer if noted above, to provide the Town with any and all information they may have concerning my previous employment, personal history, education and any other subjects covered by this application, and hereby release them, the Town, and the Town's current and former agents and employees from liability for any harm resulting from the disclosure of such information.

I understand that this application is <u>not</u> an employment contract, job offer or guarantee of employment. I further understand that if I receive a job offer, it is conditioned on my satisfactory completion of a criminal history check, drug test, medical examination and any other conditions listed in the job offer letter.

Signed	Data
Signeu	Date



Name:	Position Applied For
	ow three individuals who can describe your qualifications for this
position, preferably supervisor	ors, professors, colleagues, etc.
Name:	
Address:	
Job Title:	
Name of Work Place:	
Phone:	
Name:	
Address:	
Job Title:	
Name of Work Place:	
Phone:	
Name:	
Name of Work Place:	



TOWN OF EAST HARTFORD CRIMINAL CONVICTION INFORMATION

You are required to list <u>any</u> criminal conviction, regardless of the nature, date or location of the conviction, <u>except</u> for minor traffic offenses or a conviction that has been erased under Connecticut law. Attach additional sheets of necessary.

The types of criminal records subject to erasure under Connecticut law are: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which you were found not guilty; and (e) a conviction for which you received a full pardon. If your only criminal record consists of items that have been erased under Connecticut law, then you are deemed never to have been arrested with respect to the erased proceeding and may swear so under oath.

This information will be made available only to the members of the Human Resources Department and to those persons interviewing the candidate.

A criminal conviction will not necessarily disqualify you from the application process, but will be considered as it relates to the position you are seeking and in light of any applicable state or federal law.

Date of Conviction	Offense	Location of Conviction (City and State)	Sentence	Date Sentence Completed

on page 4 of the employment application	
Name (Print)	Position You Are Seeking
Applicant's Signature	 Date

AUTHORIZATION & RELEASE

(GENERAL EMPLOYMENT)

DISCLOSURE NOTICE TO JOB APPLICANTS

Town of East Hartford
DEPARTMENT OF HUMAN RESOURCES
740 Main Street
East Hartford, CT 06108
(860) 291-7220

In connection with your employment application, a consumer report, and/or an investigative consumer report including information with respect to your credit history, criminal convictions, motor vehicle violations, employment history, education, character, general reputation, and personal characteristics, whichever are applicable, may be made. You have the right within a reasonable period of time after receipt of this notice to make a written request for additional information as to the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act. Such requests should be mailed to the address above.

In consideration of the Town of East Hartford's acceptance of my application to be considered for employment with the Town, I hereby voluntarily authorize the Town of East Hartford and its officers, officials, employees and agents to conduct a personality survey and to investigate my past employment history and activity, educational background, financial records, medical records, military records, criminal records, motor vehicle records, background investigation records, or whatever confidential or privileged information necessary to complete this investigation of my suitability to become an employee of the Town.

I hereby agree to cooperate in such investigation and acknowledge receipt of the above Disclosure Notice. I understand and agree that the Town may use copies of this Release to obtain information about me from whatever sources it deems necessary to interview, and expressly authorize such sources to provide assistance to me and the Town in my efforts to be employed by the Town of East Hartford. I also request that sources contacted by the Town accept a photocopy of this Release in lieu of an original, and hereby release and agree to indemnify and hold harmless any and all persons, including corporations and other business entities who may assist the Town in its efforts to determine whether or not I am a suitable candidate for employment.

I hereby acknowledge that I have read and fully understand the contents of this document and have freely signed same. I also agree that, if hired, this authorization shall remain on file and shall serve as an ongoing instrument for the Town of East Hartford to procure investigation reports at any time during my employment period.

This form must be notarized or witnessed by EHHRD in order to be considered for employment

Signature:	Date Signed:	
Print Name:	Social Security No.: _	
Address:	State:	Zip Code:
Subscribed and Sworn to before me, a Notary Pu and State of, this	blic, in and for County of	, 20
Notary Public /or	My Commission Expir	es:
Witness -East Hartford Human Resource Dept.		Revised 02/0